

Rekeyat
#2

TRANSMITTAL FORM

To be used for all correspondence after initial filing
Total Number of Pages in this Submission 5

Application Number: 09/491,121
Filing Date: 1-24-2000
First Named Inventor: Kovacevic, et al.
Group Art Unit: 2734
Examiner: Unknown
Attorney Docket No.: 0100.0000010

- Fee Transmittal Form
- Fee Attached
- Amendment/Response
- After Final
- Affidavits/Declaration(s)
- Extension of Time Request
- Express Abandonment Request
- Information Disclosure Statement
- Certified Copy of Priority Document(s)
- Response to Missing Parts/Incomplete Application

ENCLOSURES (check all that apply)

- Response to Missing Parts under 37 CFR 1.52 or 1.53
- Assignment Papers (for an Application)
- Drawing(s)
- Licensing-related Papers
- Petition Routing Slip (PTO/SB/69) and Accompanying Petition
- To Convert a Provisional Application
- Power of Attorney, Revocation, Change of Correspondence Address
- Terminal Disclaimer
- Small Entity Statement
- Request for Refund
- After Allowance Communication to Group
- Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- Proprietary Information
- Status Letter
- Request for Corrected Filing Receipt
- Additional Enclosure(s) (please identify below):

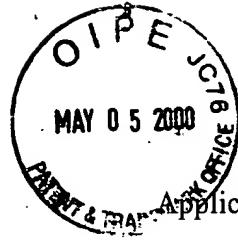
Remarks:

Firm Name	Markison & Reckamp, P.C. 115 Wild Basin Road, Suite 107 Austin, Texas 78746	
Signature of Applicant, Attorney, or Agent		
Name and Registration No.:	J. Gustav Larson, Reg. No. 39,263	Date: 5-2-2000

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 on 5-2-2000

Terri Alloway Typed or Printed Name	_____ Signature
--	--------------------



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Kovacevic, et al.

Title: METHOD AND SYSTEM FOR HANDLING DATA

App. No.: 09/491,121 Filed: 01-24-2000

Examiner: Unknown Group Art Unit: 2734

Atty. Dkt. No. 0100.000010

Application Processing Division
Customer Correction Branch
Assistant Secretary in Connection with
Patents and Trademarks
U.S. Patent & Trademark Office
Washington, D.C. 20231

RECEIVED
MAY 30 2000
T C 2700 MAIL ROOM

REQUEST FOR CORRECTED FILING RECEIPT

Dear Sir:

Please make the indicated corrections as shown on the enclosed Filing Receipt. A newly executed Declaration is also attached with Inventor Kovacevic's name spelled correctly. Please contact me at the below-listed telephone number if you have any questions or need additional information.

Respectfully submitted,

5-1-00
Date

J. Gustav Larson, Reg. No. 39,263

Attorney for Applicant(s)

Markison & Reckamp, P.C.

115 Wild Basin Road, Suite 107

Austin, Texas 78746

(512) 347-9223 (phone)

(512) 347-9224 (fax)

FILING RECEIPT


OC000000005025542

MAY 05 2000

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

Address: ASSISTANT SECRETARY AND
COMMISSIONER OF PATENT AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/491,121	01/24/2000	2734	1272	0100.0000010	38	1	1

RECEIVED

MAY 30 2000
35 MAIL ROOM

Date Mailed: 04/03/2000

Markison & Reckamp P.C.
P.O. Box 06229
Chicago, IL 60606-0229

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

KOVACEVIC

Branko Kovacevic, Willowdale, CANADA;
Kevork Kechichian, Unionville, CANADA;

00
04/03/2000
RS

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 04/03/2000

**

Title

Method and system for handling data

00 APR 12 AM 10:43
RECEIVED
MARKISON & RECKAMP, P.C.

Preliminary Class

375

Data entry by : WARREN, EFREM

Team : OIPE

Date: 04/03/2000



FILE COPY

Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/491,121	FILING DATE 01/24/2000 RULE	CLASS 375	GROUP ART UNIT 2734	ATTORNEY DOCKET NO. 0100.00000103 <i>RECEIVED JAN 2000 MAIL ROOM</i>
-----------------------------	-----------------------------------	--------------	------------------------	---

APPLICANTS
 Branko Kovacevic, Willowdale, CANADA;
 Kevork Kechichian, Unionville, CANADA;
**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 04/03/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 38	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS
 Markison & Reckamp P.C.
 P.O. Box 06229 Wacker Drive
 Chicago ,IL 60606-0229
TITLE

Method and system for handling data

FILING FEE RECEIVED 1272	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------	---	---